

**Amount Requested** 



DEADLINE: AUGUST 31, 2020 AT 12:00PM NOON

| De                                                                                                                                                                                                                 | escription:     | • Will cover 50% of payn                                                                               | nent due (up to \$10,000) of                                                                                                                     | delinquent utility payment | ts for businesses                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| R                                                                                                                                                                                                                  | equirements:    |                                                                                                        |                                                                                                                                                  |                            |                                               |
|                                                                                                                                                                                                                    |                 | • Business must be loca                                                                                | disconnection notice from the<br>ted within the city limits of D<br>ty of Danville Business Lice                                                 | anville                    |                                               |
| A                                                                                                                                                                                                                  | dditional Notes | <b>5:</b>                                                                                              |                                                                                                                                                  |                            |                                               |
|                                                                                                                                                                                                                    |                 | <ul><li>Home-based business</li><li>Applications will be acc</li><li>Disconnections will beg</li></ul> | e directly to Danville Utilities<br>es do not qualify<br>cepted until August 31, 2020<br>gin on September 1, 2020<br>seeking assistance should o | •                          | t (434) 799-6540                              |
|                                                                                                                                                                                                                    |                 |                                                                                                        |                                                                                                                                                  |                            |                                               |
| Checklist  Please include these attachments with your application  Copy of your City of Danville Business License  Copy of your completed and signed W-9  Copy of your last utility bill with disconnection notice |                 |                                                                                                        | on                                                                                                                                               |                            |                                               |
|                                                                                                                                                                                                                    |                 |                                                                                                        | leted and signed app<br>he City of Danville to e                                                                                                 |                            | application and does no<br>and or loan funds. |
|                                                                                                                                                                                                                    | Business Na     | me                                                                                                     |                                                                                                                                                  |                            |                                               |
| DETAILS                                                                                                                                                                                                            | Business Ty     | <b>pe</b> (i.e. Restaurant, Retai                                                                      | I, Service, Manufacturing)                                                                                                                       | Date of Application        | 1                                             |
| BUSINESS DETAII                                                                                                                                                                                                    | Business Ad     | dress                                                                                                  | City                                                                                                                                             | State                      | Zip                                           |
| US.                                                                                                                                                                                                                | Contact Nan     | 20                                                                                                     | Contact Phone                                                                                                                                    |                            | Email Address                                 |

## **Application Certification**

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant or Federal loan, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant or loan.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant or loan, the undersigned shall complete and submit Standard Form LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. I hereby submit this application and I fully understand that any false statement on this application may subject the applicant to criminal prosecution. I also understand that additional information may be required to complete the application.

By signing this application I am authorizing \_\_\_\_\_\_\_ (name of bank or credit reference), as well as the City of Danville Division of Central Collections and the City of Danville Finance Department to provide the Office of Economic Development, on a confidential basis, with any information it deems necessary to verify the information on this application as well as information needed to make a determination of grant eligibility.

| Applicant(s) |          |              |      |
|--------------|----------|--------------|------|
|              |          |              |      |
| Contact Name | Date     | Contact Name | Date |
| Contact Name | <br>Date | Contact Name | Date |



## **Request for Taxpayer Identification Number and Certification**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

|                                                 | 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                 |                                                                                                   |                                                   |  |  |  |  |
|-------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|--|--|
|                                                 | 2 Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                          |                                                                                                   |                                                   |  |  |  |  |
| Print or type. Specific Instructions on page 3. | 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check following seven boxes.                                                                                                                                                                                                                                                                                        | 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |                                                   |  |  |  |  |
|                                                 | ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporation ☐ Partnership single-member LLC                                                                                                                                                                                                                                                                                                                           | Exempt payee code (if any)                                                                        |                                                   |  |  |  |  |
|                                                 | Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partners)                                                                                                                                                                                                                                                                                                                    |                                                                                                   |                                                   |  |  |  |  |
|                                                 | Note: Check the appropriate box in the line above for the tax classification of the single-member own LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the own another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single is disregarded from the owner should check the appropriate box for the tax classification of its owner. | Exemption from FATCA reporting code (if any)                                                      |                                                   |  |  |  |  |
| cifi                                            | Other (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   | (Applies to accounts maintained outside the U.S.) |  |  |  |  |
| Spe                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           | Requester's name a                                                                                | nd address (optional)                             |  |  |  |  |
| See                                             |                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                   |                                                   |  |  |  |  |
|                                                 | 6 City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                   |                                                   |  |  |  |  |
|                                                 | 7 List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                   |  |  |  |  |
| Par                                             | t I Taxpayer Identification Number (TIN)                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                   |                                                   |  |  |  |  |
|                                                 | your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo                                                                                                                                                                                                                                                                                                                              | id Social sec                                                                                     | urity number                                      |  |  |  |  |
| reside                                          | up withholding. For individuals, this is generally your social security number (SSN). However, for<br>ent alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other<br>es, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i>                                                                                                     |                                                                                                   | ] - [ ] - [ ]                                     |  |  |  |  |
| TIN, la                                         | ater.                                                                                                                                                                                                                                                                                                                                                                                                                     | or                                                                                                |                                                   |  |  |  |  |
|                                                 | If the account is in more than one name, see the instructions for line 1. Also see What Name and                                                                                                                                                                                                                                                                                                                          | identification number                                                                             |                                                   |  |  |  |  |
| Numb                                            | per To Give the Requester for guidelines on whose number to enter.                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   | -                                                 |  |  |  |  |
| Par                                             | t II Certification                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                   |                                                   |  |  |  |  |
| Unde                                            | r penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                   |                                                   |  |  |  |  |
| 2. I ar<br>Ser                                  | e number shown on this form is my correct taxpayer identification number (or I am waiting for a<br>n not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I<br>rvice (IRS) that I am subject to backup withholding as a result of a failure to report all interest or<br>longer subject to backup withholding; and                                                                  | have not been no                                                                                  | otified by the Internal Revenue                   |  |  |  |  |
| 3. I ar                                         | m a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                                                                                                                |                                                                                                   |                                                   |  |  |  |  |
| 4 The                                           | PATCA code(s) entered on this form (if any) indicating that I am exempt from EATCA reporting                                                                                                                                                                                                                                                                                                                              | is correct                                                                                        |                                                   |  |  |  |  |

The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid,

| Sign<br>Here | Signature of               | Date ▶                                                                                                                    |
|--------------|----------------------------|---------------------------------------------------------------------------------------------------------------------------|
|              |                            | e not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later. |
| acquisition  | n or abandonment of secure | property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments      |

## **General Instructions**

Section references are to the Internal Revenue Code unless otherwise

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

## **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN). individual taxpaver identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,